



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

08 DEC 2022 PM 01:51

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 10/24/2022 to 11/28/2022

1. Committee I.D. Number

140197

2. Committee Name

CTE ADRIENNE RUBEL

4. Candidate Last Name

RUBEL

First Name

ADRIENNE

M.I.

4a. Office Sought Including District # or Community Served (If applicable)

TRUSTEE, UTICA SD

4b. County of Residence **MACOMB COUNTY**

5. Committee's Mailing Address

**14214 PETERBORO DRIVE
STERLING HEIGHTS, MI 48313**

Area Code and Phone (586) 615-9396
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

**AUDREY HENDERSON
49782 BLOOMSBURY LANE
MACOMB, MI 48044**

Area Code & Phone (586) 489-8914

7. Treasurer's Business Address

**49782 BLOOMSBURY LANE
MACOMB, MI 48044**

Area Code and Phone (586) 489-8914

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone () -

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
☒ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus

11/08/2022

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

9d. ☐ Amendment to Campaign Statement
(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

12/08/2022

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

12/08/2022



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140197

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE ADRIENNE RUBEL

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>50.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>50.00</u>	(18.) \$ <u>50.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>3.86</u>	(19.) \$ <u>3.86</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>53.86</u>	(20.) \$ <u>53.86</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2,518.43</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>2,518.43</u>	(23.) \$ <u>2,518.43</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>40.98</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>40.98</u>	(24.) \$ <u>40.98</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>3,720.62</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>53.86</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3,774.48</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2,559.41</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,215.07</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140197
2. Committee Name CTE ADRIENNE RUBEL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/25/2022</u> Name & Address: JUSTIN WASHINGTON 45104 ELMHURST CT SHELBY TWP, MI 48317		\$ 50.00	\$ 50.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number **140197**

2. Committee Name **CTE ADRIENNE RUBEL**

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: PAYPAL 2211 N FIRST ST SAN JOSE, CA 95131	Date of Receipt 11/28/2022	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☒ Other (Specify) <u>FEE REIMBURSEMENT</u>	\$ 3.86
Receipt #2 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	Click for Memo Itemization Type \$ _____
Receipt #3 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	Click for Memo Itemization Type \$ _____
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	Click for Memo Itemization Type \$ _____
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	Click for Memo Itemization Type \$ _____
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	Click for Memo Itemization Type \$ _____
Receipt #7 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	Click for Memo Itemization Type \$ _____

Page Subtotal **3.86**

Grand Total of All Schedules 1A -1
(Complete on last page of Schedule) **3.86**

Enter this total on
line 4 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140197
2. Committee Name CTE ADRIENNE RUBEL

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PAYPAL Address 2211 N FIRST ST SAN JOSE, CA 95131 ☐ Fund Raiser	Purpose: <u>PAYPAL FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/2022</u> Date	\$ <u>1.94</u>
Expenditure #2 Name SMOLENSKI K MARY Address 5767 WHITEHAVEN DR TROY, MI 48085 ☐ Fund Raiser	Purpose: <u>REFUND</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/09/2022</u> Date	\$ <u>257.94</u>
Expenditure #3 Name FIRST RESPONSE EMS Address 20495 WOODINGHAM DR DETROIT, MI 48221 ☐ Fund Raiser	Purpose: <u>RETURN OF FUNDS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/10/2022</u> Date	\$ <u>75.00</u>
Expenditure #4 Name C&D CUSTOM DESIGNS LLC Address 5920 MCCOIN DR DRYDEN, MI 48428 ☐ Fund Raiser	Purpose: <u>T SHIRTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/16/2022</u> Date	\$ <u>637.50</u>
Expenditure #5 Name POPPY DESIGNS Address 23225 OAKWOOD AVE EASTPOINTE, MI 48021 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/22/2022</u> Date	\$ <u>1,504.36</u>

Subtotal this page **2,476.74**

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140197
2. Committee Name CTE ADRIENNE RUBEL

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name COUGHLIN MARY Address 3502 WARWICK DR ROCHESTER HILLS, MI 48309 ☐ Fund Raiser	Purpose: <u>REFUND</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/28/2022</u> Date	\$ <u>41.69</u>
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **41.69**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **2,518.43**

Enter this total
on line 8a of
Summary Page